

## Exhibit 300: Capital Asset Summary

### Part I: Summary Information And Justification (All Capital Assets)

#### Section A: Overview & Summary Information

**Date Investment First Submitted:** 2009-06-30  
**Date of Last Change to Activities:**  
**Investment Auto Submission Date:** 2012-02-24  
**Date of Last Investment Detail Update:** 2011-09-16  
**Date of Last Exhibit 300A Update:** 2012-07-23  
**Date of Last Revision:** 2012-02-24

**Agency:** 009 - Department of Health and Human Services and Quality

**Bureau:** 33 - Agency for Healthcare Research

**Investment Part Code:** 01

**Investment Category:** 00 - Agency Investments

**1. Name of this Investment:** AHRQ Medical Expenditures Panel Survey (MEPS)

**2. Unique Investment Identifier (Ull):** 009-000001424

#### Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The Medical Expenditure Panel Survey (MEPS) is the major Federal source of high-quality data for estimates of healthcare use, expenditures, types of medical services used, healthcare quality and sources of payment for medical care. MEPS, a unique, central, consolidated database is mandated by Title IX of the Public Health Service Act and its 1999 amendment (P.L.106-129). MEPS provides Federal and other governmental policymakers, researchers, healthcare administrators, businesses, and the public with timely, comprehensive information to evaluate health reform policies, the effect of tax code changes on health expenditures and tax revenue, and proposed changes in government health programs such as Medicare. MEPS supports the strategic plan goals of the Department of Health and Human Services as follows: Strengthen the Nation's Health Sciences Research Enterprise and Enhance Its Productivity; Improve the Quality of Health Care and Human Services; and Improve the Economic and Social Well-Being of Individuals, Families, and Communities in the United States.

- 2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an**

**assessment of the program impact if this investment isn't fully funded.**

MEPS, the most recent in a series of medical expenditure surveys, has three IT components: 1) survey; 2) data center and analytic capability and 3) a website. All three components are steady state operations. MEPS helps achieve three AHRQ Strategic Goals: (1) Improve healthcare safety and quality for All Americans – by providing essential data for the National Healthcare Quality Report and the National Healthcare Disparities Report; (2) Achieve wider access to effective healthcare services and reduce healthcare costs – by furnishing vital data on health insurance usage, coverage and cost; and (3) Assure that providers and consumers use beneficial and timely healthcare data to make decisions –by providing timely, accurate information for healthcare purchasers and governmental and business policymakers. MEPS directly supports PMA Initiative, Expanded Electronic Government, by providing extensive, current and comprehensive data to the public, researchers, and policy makers (i.e., government-to-citizen; government-to-business). MEPS was initially approved through the AHRQ CPIC and budget review process and subsequently approved by the HHS ITIRB. MEPS is designed to provide extensive data on the types of health care services Americans use, how frequently they use them, how much is paid for the services, and who pays for them. It also provides information on the types and costs of private health insurance available to the U.S. population. The survey is unparalleled in its degree of detail, as well as its ability to link medical care use, payments, and health insurance coverage to specific survey respondents and their families. It also allows analysts to examine how individual and family characteristics, including the characteristics of their health insurance, affect medical care use and spending.

**3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

During FY10 the 2007 and 2008 public use files were delivered as follows: Q1-2007 Office-Based Medical Provider Visits File, 2007 Prescribed Medicines File, 2007 Person Round Plan File, 2007 Medical Conditions File, 2007 Full Year Consolidated File, MEPS Panel 11 Longitudinal Data File Q3-2008 Full Year Population Characteristics, 2008 Jobs File, 2009 Point-in-time File Q4- 2008 Dental Visits File, 2008 Home Health File, 2008 Other Medical Expenses File, 2008 Outpatient Visits File, 2008 Emergency Room Visits File, 2008 Office-Based Medical Provider Visits File, 2008 Hospital Inpatient Stays File, 2008 Prescribed Medicines File .At the time the MEPS-HC contract was awarded in Apr 08, it was established that the data for calendar years 2010 would the delivered 1 month sooner as compared to 09; and, for 2011 the data delivery is scheduled an additional 1 month sooner as compared to 2010. During the POP of current contract, the MEPS data will be released 2 months sooner.

**4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

During FY 2011 delivery of the 2008 and 2009 public use files will be accelerated one month (as compared to FY 2010) as follows: Q1 2008 Office-Based Medical Provider Visits File, 2008 Prescribed Medicines File, 2008 Person Round Plan File, 2008 Medical Conditions File, 2008 Full year Consolidated File, MEPS Panel 12 Longitudinal Data File Q2 2009 Full Year Population Characteristics Q3 2009 Jobs File, 2010 Point-in-time File Q4 2009 Dental Visits File, 2009 Home Health File, 2009 Other Medical Expenses File, 2009 Outpatient Visits File, 2009 Emergency Room Visits File, 2009 Office-Based Medical Provider Visits File, 2009 Hospital Inpatient Stays File, 2009 Prescribed Medicines File During FY 2012 delivery of the

2009 and 2010 public use files will be accelerated one month (as compared to FY 2011) as follows: Q1 2009 Office-Based Medical Provider Visits File, 2009 Prescribed Medicines File, 2009 Person Round Plan File, 2009 Medical Conditions File, 2009 Full year Consolidated File, MEPS Panel 13 Longitudinal Data File Q2 2010 Full Year Population Characteristics, 2011 Jobs File Q3 2010 Point-in-time File, 2010 Dental Visits File, 2010 Home Health File, 2010 Other Medical Expenses File Q4 2010 Outpatient Visits File, 2010 Emergency Room Visits File, 2010 Office-Based Medical Provider Visits File, 2010 Hospital Inpatient Stays File, 2010 Prescribed Medicines File, 2010 Person Round Plan File, 2010 Medical Conditions File, 2010 Full year Consolidated File.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2003-06-01

## Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$0.3	\$0.0	\$0.0	\$0.0
DME (Including Planning) Govt. FTEs:	\$0.0	\$0.0	\$0.0	\$0.0
Sub-Total DME (Including Govt. FTE):	\$0.3	0	0	0
O & M Costs:	\$64.8	\$22.6	\$23.9	\$23.5
O & M Govt. FTEs:	\$0.3	\$0.3	\$0.3	\$0.3
Sub-Total O & M Costs (Including Govt. FTE):	\$65.1	\$22.9	\$24.2	\$23.8
Total Cost (Including Govt. FTE):	\$65.4	\$22.9	\$24.2	\$23.8
Total Govt. FTE costs:	\$0.3	\$0.3	\$0.3	\$0.3
# of FTE rep by costs:	3	3	3	3
Total change from prior year final President's Budget (\$)		\$0.0	\$3.0	
Total change from prior year final President's Budget (%)		0.00%	13.99%	

**2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:**

DME activity for this investment was completed in FY08. Current contracts do not extend beyond 2012. It is anticipated, however, that MEPS will continue in some form because of the importance of the data and analyses to many customers and stakeholders

## Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	7528	<a href="#">290020005</a>									
Awarded	7528	<a href="#">HHSA290200810004C</a>									
Awarded	7528	<a href="#">HHSA290200810009C</a>									

**2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:**

EVM - We developed a baseline project plan and are measuring and reporting cost and schedule performance against the plan on a monthly basis to HHS. The MEPS contract was initiated prior to the EVM requirement and does not contain any EVM contract clauses. The two new contracts are program specific with SS costs activated in FY2011 (after the end of the current Westat contract).

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities:

Section B: Project Execution Data

Table II.B.1 Projects					
Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
NONE					

Activity Summary								
Roll-up of Information Provided in Lowest Level Child Activities								
Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M )	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
NONE								

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days )	Schedule Variance (%)
NONE								

## Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
1.3.16 Insurance Component tables will be available within 6 months of collection	Months	Customer Results - Timeliness and Responsiveness	Under target	6.000000	6.000000		6.000000	Semi-Annual
1.3.19 Increase the number of topical area tables included in the MEPS Tables Compendia	Topical Areas	Technology - Information and Data	Over target	1.000000	1.000000		1.000000	Monthly
1.3.20 Increase the number of MEPS Data users	Data Users	Process and Activities - Quality	Over target	39.000000	40.000000		41.000000	Semi-Annual
1.3.21 The number of months required to produce MEPS data files (i.e. point-in-time, utilization and expenditure files) for public dissemination following data collection	Months	Customer Results - Timeliness and Responsiveness	Under target	10.800000	10.000000		10.000000	Semi-Annual
1.3.49 The average number of field staff hours required to collect data per respondent household for MEPS.	Hours	Process and Activities - Productivity	Under target	12.800000	12.700000		11.700000	Semi-Annual